## Application for MCL 211.7u Poverty Exemption

This form is issued under the authority of the General Property Tax Act, Public Act 206 of 1893, MCL 211.7u.

MCL 211.7u of the General Property Tax Act, Public Act 206 of 1893, provides a property tax exemption for the principal residence of persons who, by reason of poverty, are unable to contribute toward the public charges. This application is to be used to apply for the exemption and must be filed with the Board of Review where the property is located. This application may be submitted to the city or township the property is located in each year on or after January 1.

To be considered complete, this application must: 1) be completed in its entirety, 2) include information regarding all members residing within the household, and 3) include all required documentation as listed within the application. Please write legibly and attach additional pages as necessary.

PAR	T 1: PERSONAL INFOR	RMATION -	– Petitioner must li	st all required persona	al information.	,				
	ner's Name			· · · · ·	Daytime Phone Number					
Ago of	Petitioner	Marital Status		Age of Spouse	Numb	or of Logal	Donandante			
Age of	retitioner	Marital Status Age of Spouse Number of Legal Dep				Dependents				
Proper	ty Address of Principal Residence			City	State	ZIP Code				
	Check if applied for Hor	mestead Pi	roperty Tax Credit	Amount of Homestead Property Tax Credit						
PAR	T 2: REAL ESTATE INF	ORMATIO	N	I						
	the real estate information				to provide a d	eed, land	d contract or other			
Proper	ty Parcel Code Number			Name of Mortgage Company						
Unpaid	Balance Owed on Principal Resid	ence	Monthly Payment	I	nce					
Proper	ty Description		,,		<u> </u>					
PAR	T 3: ADDITIONAL PRO	PERTY IN	FORMATION							
List	information related to an	y other pro	perty owned by you	u or any member resid	ding in the hou	usehold.				
	Check if you own, or are information below.	e buying, o	ther property. If che	ecked, complete the	Amount of Income Earned from other Property					
	Property Address			City		State	ZIP Code			
1				11/-	Van. 1 200 - 120 -		A			
	Name of Owner(s)			Assessed Value	Date of Last Taxe	s Paid	Amount of Taxes Paid			
	Property Address			City		State	ZIP Code			
2	Name of Owner(s)			Assessed Value Date of Last Taxes Paid			Amount of Taxes Paid			

PART 4: EMPLOYMENT	INFORMA"	ΓΙΟΝ	— List your c	urrent emp	loyment	inform	nation.			
Name of Employer										
Address of Completes				Low				Letata	ZIP Code	
Address of Employer		City					State	ZIP Code		
Contact Person				Employe	r Telephone	Number		1	ļ	
PART 5: INCOME SOUR	CES									
List all income sources, ir accounts), unemploymen judgments from lawsuits, income, for all persons re	t compensa alimony, cł	ition, nild si	disability, gove upport, friend	ernment pe	ensions,	worke	r's compensa	ition, divi	dends, claims and	
	Source	e of I	ncome		Monthly or Annual Income (indicate which)					
								<u> </u>	·	
PART 6: CHECKING, SA	VINGS ANI	O INV	ESTMENT IN	FORMAT	ON					
List any and all savings accounts, postal savings, persons residing at the pr	credit unio									
Name of Financial Ins	titution		Amount	Curren	t	Value				
or Investments	i	0	n Deposit	interest R	terest Rate		Name on Account		Investment	
DADT 7. LIFE INCLIDANCE	NE links	U1:	ining balalay	 	<u> </u>					
PART 7: LIFE INSURANCE	E — LIST a	ıı poıı	icies neid by a T	III nousend	ia memi	bers.			<u></u>	
Name of Insured Policy			Monthly Payments		Policy Paid in Full N		Name of Beneficiary		Relationship to Insured	
						-				
PART 8: MOTOR VEHICL	E INFORM	ATIC	DN			1			<u> </u>	
All motor vehicles (includ within the household mus		ycles	, motor home	s, camper	trailers,	etc.)	held or owne	ed by an	y person residing	
			<u> </u>							
Make			Year		Mon		nthly Payment		Balance Owed	
		+								
		- 1			1			1		

PART 9: HOUSEHOLD O	CCUPANTS -	<ul><li>List all per</li></ul>	ersons l	ving	in the househ	old.			
First and Last	Age		Relationship to Applicant P		Plac	lace of Employment		\$ Contribution to Family Income	
Thot und East	Hume		-igc		Дриосии	i iuc		ziii pio y iii o ii c	Talling Hoonic
						<u> </u>			
- MANAGEMENT - 1									
I III III III II II II II II II II II I									
				_					
									and the state of t
PART 10: PERSONAL DE	:BT — List all	personal d	lebt for a	all ho	usehold memb	bers.			
			Dat	te					
Creditor	Purpose	of Debt of De		ebt	Original Balan		Mont	hly Payment	Balance Owed
									. I am to think a treat to the debate.
		****							
							<u> </u>		
PART 11: MONTHLY EXP	ENSE INFOR	RMATION			<u> </u>		<u> </u>		
The amount of monthly exnecessary.	xpenses relat	ted to the p	orincipal	resid	lence for each	ı cate	gory	must be listed	I. Indicate N/A as
Heating	Electric	Electric			Water			Phone	
Cable Food				Clothing			Health Insurance		
Garbage	Daycare	Daycare			Car Expense (gas, repair, etc.)				
Other (type and amount)	Other (type an	Other (type and amount)				Other (type and amount)			
Other (type and amount)	Other (type an	Other (type and amount)				Other (type and amount)			

**NOTICE:** Per MCL 211.7u(2)(b), federal and state income tax returns for all persons residing in the principal residence, including any property tax credit returns, filed in the immediately preceding year or in the current year must be submitted with this application. Federal and state income tax returns are not required for a person residing in the principal residence if that person was not required to file a federal or state income tax return in the tax year in which the exemption under this section is claimed or in the immediately preceding tax year.

PART 11: POLICY AND GUIDELINES ACKNOT	WLEDGMENT						
The governing body of the local assessing unit shall determine and make available to the public the policy and guidelines used for the granting of exemptions under MCL 211.7u. In order to be eligible for the exemption, the applicant must meet the federal poverty guidelines published in the prior calendar year in the Federal Register by the United States Department of Health and Human Services under its authority to revise the poverty line under 42 USC 9902, or alternative guidelines adopted by the governing body of the local assessing unit so long as the alternative guidelines do not provide income eligibility requirements less than the federal guidelines. The policy and guidelines must include, but are not limited to, the specific income and asset levels of the claimant and total household income and assets. The combined assets of all persons must not exceed the limits set forth in the guidelines adopted by the local assessing unit.							
The applicant has reviewed the applicable policy and guidelines adopted by the city or township, including the specific income and asset levels of the claimant and total household income and assets.							
PART 12: CERTIFICATION							
I hereby certify to the best of my knowledge that the information provided in this form is complete, accurate and I am eligible for the exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7u.							
Printed Name	Signature	Date					

This application shall be filed after January 1, but before the day prior to the last day of the local unit's December Board of Review.

Decision of the March Board of Review may be appealed by petition to the Michigan Tax Tribunal by July 31 of the current year. A July or December Board of Review decision may be appealed to the Michigan Tax Tribunal by petition within 35 days of decision. A copy of the Board of Review decision must be included with the petition.

Michigan Tax Tribunal PO Box 30232 Lansing MI 48909

Phone: 517-335-9760

E-mail: taxtrib@michigan.gov